

## UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

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## PROOF OF CLAIM

Name of Debtor <u>TeleKing</u>		Case Number <u>04-14447</u>	THIS SPACE IS FOR COURT USE ONLY  04 JUN 23 PM 1:31  CLERK U.S. BANKRUPTCY CT SD OF FLA. MIA - OFFICE
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))			
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Richard T + Teresa C. Aultowski</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: <u>Frank B. Perry</u> <u>346 Old County Road</u> <u>Ringsold, GA 30736</u>			
Telephone Number: <u>706-965-8639</u>			
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Consumer Fraud</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>xxx-xx-</u> Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: <u>10-22-02</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>19,147.50</u> <sup>+</sup> _____ + _____ = <u>0.00</u> (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total) Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.	
6. Unsecured Nonpriority Claim \$ <u>19,147.50</u> <sup>+</sup> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions)			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.			
Date: <u>6-22-04</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Frank B. Perry, Attorney</u>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

ID # 004254County ST. LOUIS MO.

THE KING OF PHONE CARDS

# TELE KING PURCHASE ORDER

11900 Biscayne Blvd., Suite 620, Miami, FL 33181

Phone: 305-891-0511 • Fax 305-891-0512

Toll Free: 1-866-444-4112 • Toll Free Fax: 1-866-444-4115

Purchaser's Name Richard T. Aultowski Date 10-22-02  
 Purchaser's Address 2242 Pendleton Circle  
 City O'Fallon State Mo. Zip 63366  
 Home Phone 636-300-0135 Business Phone \_\_\_\_\_

No. of Displays to ship: Ten - 8Face Value of Phone Cards to ship: \$ 6000 PKG.  
2000 Bonus  
1000 Bonus MC Card

Purchase Price of Displays .....	\$	<u>19,147.50</u>
Purchase Price of Prepaid Calling Cards .....	\$	<u>N/C</u>
Total .....	\$	_____
Bonus .....	\$	<u>5/H, Posters, N/C</u>
Amount Paid .....	\$	<u>19,147.50</u>

Special Provisions Master card Dist. Bonus 1,000

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds that this sale is subject to the terms on the reverse of this Purchase Order.

BY: Frank Schatz, President  
 SELLER

ACCEPTED AND APPROVED

BY: Richard T. Aultowski  
 BUYER

FROM : MR. & MRS. R. T. AULTOWSKI

FAX NO. :

Jun. 01 2004 01:05PM P6

October 31, 2002

Page 4 of 4



**THE Vanguard GROUP.**

TERESA C AULTOWSKI &  
RICHARD T AULTOWSKI  
JT TEN WROS

## Vanguard Prime Money Market Fund

(800) 662-2739 - Client Services

Fund number:

Account number:

Statement number:

[illegible][illegible]

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